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Country programme document

Djibouti

Summary

The country programme document (CPD) for Djibouti is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $5,735,000 from regular resources, subject to the availability of funds, and $19,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14

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Programme rationale

1. The population of Djibouti in 2017 is estimated at just over 1.02 million,[1] with 39.5 per cent aged under 18, 20 per cent of people nomadic, and 71 per cent living in urban areas. In recent years, Djibouti has experienced an average economic growth rate of 5 per cent and gross domestic product per capita reached US$1,609 in 2015. Unemployment among youth (15-35 years) stands at 71.9 per cent[2] and female labour force participation at only 12 per cent (2010). The effects of climate change are evident through a continuing chronic drought that started in 2008. Djibouti is an important transit point for migrants and is host to around 27,000 refugees and asylum seekers,[3] placing pressure on social services. The Government's medium-term vision for development is expressed in the Strategy of Accelerated Growth and Promotion of Employment (SCAPE 2015-2019).

2. According to the Department of Statistics and Demographic Studies, there are significant inequalities in wealth, with an overall poverty rate of 34 per cent in the capital, Djibouti City, and 63 per cent in other parts of the country. Rural children are the most disadvantaged in terms of access to basic social services. Gender, food insecurity, poverty, disability and a nomadic lifestyle further exacerbate their vulnerability and create multiple dimensions of overlapping deprivations. Of the five regions, Obock is the most deprived, followed by Dikhil and Tadjoura. Geographically dispersed dwellings in these regions makes access to health care and schooling particularly difficult. Balbala, a peri-urban suburb of Djibouti City, is also characterized by pockets of extreme poverty.

3. The country has comprehensive strategies to address child and maternal health, but with a low health sector budget allocation of 8 per cent, implementation remains a challenge. Between 2002 and 2012, infant and child mortality rates declined from 99 to 58, and from 127 to 68 deaths per 1,000 live births, respectively.[4] However, neonatal mortality, which accounts for more than half of under-five deaths (36/1,000 live births[5]), barely decreased in this period, due in part to the low coverage of health interventions in disadvantaged areas. Nevertheless, the country has seen increasing coverage with three doses of combined diphtheria/tetanus/pertussis vaccine (DTP3) from 83 per cent in 2008 to 91 per cent in 2014.[6]

4. Between 1990 and 2012, maternal mortality decreased from 746 to 383 deaths per 100,000 live births[7] due in part to an increase in deliveries assisted by qualified personnel from 74 per cent in 2002 to 87 per cent in 2012.[8] Only 23 per cent of pregnant women attend at least four antenatal consultations.[9] An important factor underlying the high mortality rates is low levels of knowledge around key family practices (KFPs) and danger signs in pregnancy, compounded by traditional beliefs and social norms, including those associated with gender. Djibouti has a generalized HIV epidemic, with 1.6 per cent HIV prevalence among pregnant women aged 15 to 24 and an estimated rate of mother-to-child

[1] Projection based on the 2009 census.
[2] DISED. Labour Survey 2015.
[3] Office of the United Nations High Commissioner for Refugees, 2017.
[4] Pan Arab Project for Family Health (PAPFAM) 2012.
[5] PAPFAM 2012.
[6] Directorate of Statistics and Demographic Studies. National immunization coverage survey, 2008 and 2014.
[7] PAPFAM 2012.
[8] Ibid.
[9] Ibid.

transmission of HIV of 19 per cent.[10] Around 31 per cent of HIV-positive pregnant women have access to antiretrovirals[11], less than 40 per cent of health facilities offer HIV paediatric treatment, and stigma around HIV remains an issue.

5. The nutrition sector remains highly dependent on funding from development partners. The National Nutrition Policy does not provide an adequate response to the current challenges and there is no national strategy for the prevention of malnutrition. Further bottlenecks include the limited capacity of stakeholders at central and decentralized levels to coordinate the National Nutrition Programme and to implement preventive and curative nutrition interventions.

6. The prevalence of global acute malnutrition increased from 10 per cent in 2010 to an alarming 17.8 per cent in 2013. The rate of severe acute malnutrition (SAM) is 5.7 per cent.[12] Stunting among children under five is above 40 per cent in the Dikhil, Obock and Tadjoura regions. Although coverage of services for management of SAM is higher than 90 per cent, the services require quality improvements. Household feeding practices remain a concern: the exclusive breastfeeding rate is 13.4 per cent and only 4.1 per cent of children aged 6-23 months have an acceptable dietary intake.[13] Given the low coverage of vitamin A and iron/folic acid supplementation, it is likely that children, adolescents and women of childbearing age suffer from multiple micronutrient deficiencies.

7. The rate of access to drinking water increased from 78 per cent in 1990 to 90 per cent in 2015.[14] However, significant disparities exist between urban and rural areas regarding access to water (97 per cent and 65 per cent, respectively) and sanitation (60 per cent and 5 per cent, respectively). Water supply is available in 88 per cent of schools, and 81 per cent have toilets. Limited knowledge, cultural barriers and a nomadic lifestyle are bottlenecks to improved hygiene practices, leading to open defecation rates of 20 per cent nationally and 76 per cent in rural areas.[15]

8. While a policy framework exists for water supply in rural areas, it requires updating and budget allocations for water, sanitation and hygiene (WASH) are insufficient. Additional bottlenecks include the lack of official standards for water quality control, and of a strategy for community management of water points; an inadequate information management system; and the limited number and quality of technical and management staff.

9. The education sector is relatively strong in terms of evidence-based planning, coordination with partners and government budget allocation. Nevertheless, equitable access and education quality remain challenges.

10. Participation in pre-primary education – estimated at 7 per cent for boys and girls[16] – is mainly a private urban phenomenon, and the country lacks a national policy addressing early childhood education (ECE). According to routine statistics, the gross enrolment rate in primary school was 78 per cent in 2016.[17] The majority of out-of-school children (20 per

[10] Joint United Nations Programme on HIV/AIDS, Global AIDS Response Progress Report 2014.
[11] Ibid.
[12] Standardized Monitoring and Assessment of Relief and Transitions (SMART) Survey 2013.
[13] Global Analysis of Vulnerability, Food Security and Nutrition 2014.
[14] WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation 2015 Report.
[15] Ibid.
[16] Ministry of Education 2015/16.
[17] Ibid.

cent, according to government estimates) are those with special needs, children from nomadic communities, girls in rural areas, children of vulnerable families, and migrant and refugee children. While officially registered refugee children can attend school in camps, non-registered children cannot. The Ministry of Education estimates the transition rate from primary to lower secondary school at 62 per cent (61 per cent for girls) for 2015/16. It is at this stage that most children, especially girls, drop out of school without having acquired the necessary learning for gainful employment, or the skills to protect themselves against risks, including HIV. The quality of teaching and poor learning achievement remain challenges due to inadequate teacher training. A life skills programme for adolescents has been initiated, but needs strengthening to reduce drop-out rates, reach more out-of-school adolescents and better prepare adolescents for entry into the labour market.

11. Progress has been made in creating an enabling environment for child protection through the adoption in 2015 of a Child Protection Code, which is aligned with the Convention on the Rights of the Child. In addition, the Ministry of Women and Families, in collaboration with other stakeholders, has mobilized community-based committees to identify at-risk children and refer them to appropriate services. Nevertheless, the delivery of child protection services is constrained by limited law enforcement, inadequately skilled human resources and prevailing harmful social norms, among other factors. These limitations are especially acute in the most disadvantaged regions. The lack of a national child protection strategy also hinders progress and the child justice system is still in its infancy.

12. The rate of birth registration is 79 per cent in rural areas compared to 97 per cent in urban areas.[18] Furthermore, 38 per cent of children aged 2-14 reportedly experienced some form of violence discipline by a member of the household,[19] with boys more likely to be victims, yet the provision of formal psychosocial care for victims of violence is very limited. An estimated 20.6 per cent of girls in the Arta and Dikhil regions are married before age 18 and the prevalence of female genital mutilation/cutting (FGM/C) is 78 per cent among women of all age groups and 29 per cent among girls aged 0-9.[20]

13. To mitigate increasing inequalities in income and access to social services, a national safety net strategy was developed in 2012, funded mainly by the World Bank. Subsequently, a universal health insurance scheme and the National Family Solidarity Programme were introduced. However, strategies for targeting beneficiaries remain insufficiently developed, there is no national social protection policy and the social workforce is inadequate. Safety nets and sectoral budgets are planned with limited analysis of how they can impact the lives of children and women.

14. A lesson learned from the country programme for 2013-2017 is that poor family care practices remain major bottlenecks to achieving results. Although a communication for development (C4D) strategy on maternal and neonatal health exists and a pool of trainers is available at national level, there is limited capacity for effective planning and monitoring at decentralized levels. This points to the need for enhanced investments in social and behaviour change communication, including a cultural shift from top-down dissemination of information to community-based participatory approaches through frontline workers and evidence-based planning of C4D interventions. Additionally, data from national household surveys were not sufficiently analysed to pinpoint inequities and deprivations. Therefore,

[18] PAPFAM 2012.
[19] Ibid.
[20] Ibid.

the new programme will support capacity-building in advanced data analysis and provide continuing support to administrative data systems.

Programme priorities and partnerships

15. The country programme is fully aligned with the country's long-term development plan, Djibouti 2035 Vision, and the objectives of SCAPE (2015-2019). It is guided by the Sustainable Development Goals and the draft UNICEF Strategic Plan, 2018-2021, with special attention to equity, gender and resilience. The country programme will contribute to three outcomes of the draft United Nations Development Assistance Framework (UNDAF), 2018-2022: strengthening social services and human capital development; promoting good governance and responsive institutions; and building resilience and promoting equitable regional development.

16. The overall vision of the country programme is to ensure that children's rights to survival, development and protection are realized through access to quality social services and the adoption of healthy and protective behaviours. The programme will have a particular focus on vulnerable children living the most deprived areas, including Dikhil, Obock and Tadjoura, the peri-urban area of Balbala and other pockets of deprivation.

17. The programme will focus on three key priorities that emerged as challenges from the situation analysis: (a) reducing under-five and maternal mortality through an integrated approach focusing on the first 1,000 days of a child's life, from conception to the child's second birthday, combining health, HIV, nutrition and WASH interventions; (b) providing equitable access to quality education, particularly for deprived children; and (c) reducing children's vulnerabilities by providing access to child and social protection services, including to victims of violence. In order to address children's rights holistically across the life cycle, integrated packages of interventions will be supported on early childhood development (ECD) and adolescent programming, using the education sector as the entry point. Given the country's vulnerability to climate change and recurring natural disasters, the programme will support interventions across the continuum of development, prevention, preparedness and response.

18. Results will be achieved through a combination of strategies specific to each outcome and to different programming contexts (rural, urban, pastoralist), and gender will be mainstreamed into interventions across sectors. Innovative approaches will be used to better reach remote rural as well as nomadic pastoralist populations. In all sectors, support will be provided to modelling of service delivery and community engagement approaches around KFPs, particularly in hard-to-reach areas. By generating evidence, UNICEF will demonstrate the effectiveness of its approaches, which will be used in advocacy with the Government for adequate resource allocations and scale-up of interventions. Accountability to affected populations, with an emphasis on strengthening community engagement and participation, will be essential to ensure programmes are relevant and appropriate and that they meet the needs and priorities of vulnerable and affected groups.

19. Multisectoral approaches and programmatic convergence will be prioritized, with a view to creating synergies and improving cost-effectiveness. Examples are the "first 1,000 days approach", integrated programming for adolescent development, and promotion of KFPs positive parenting practices across programme components. These synergies will be created by mapping sectoral priorities and identifying packages of interventions for each of the thematic areas.

20. UNICEF will continue strategic partnerships with other United Nations agencies, bilateral and multilateral partners, NGOs, civil society organizations (CSOs), the private sector and academic institutions, and will actively participate in national aid coordination mechanisms.

21. The country programme will be operationalized through four programme components.

22. The *child survival and development* programme component aims to ensure that more mothers and children, particularly those living in disadvantaged areas, survive and thrive, with an emphasis on the first 1,000 days of a child's life. This will be achieved through a mix of implementation strategies including capacity-building for improved service delivery and community-based approaches to promote KFPs and demand for services.

23. By focusing on the first 1,000 days, health and nutrition outcomes for infants and young children will be maximized to generate a lasting effect on their lifelong health through a package of low-cost, high-impact interventions, including preventive measures. UNICEF will advocate for engagement by Djibouti in global initiatives, including the Scaling Up Nutrition movement, and for enhanced budget allocations to health, nutrition and WASH.

24. To this end, a coordinated capacity-building approach will be implemented to enable frontline health workers to better manage child and maternal health and nutrition interventions. This includes capacity-building for the treatment of childhood illnesses, elimination of mother-to-child transmission of HIV interventions and paediatric antiretroviral therapy (ART), treatment of SAM, micronutrient supplementation and deworming, and the promotion of key behaviours relating to health and nutrition. At central level, UNICEF will strengthen the health system's capacity to manage and monitor stocks of vaccines, essential medicines and nutritional products, and conduct evidence-based planning, monitoring and budgeting.

25. UNICEF together with other partners, will support the Government in implementing the National Health Development Plan 2018-2022, with a focus on the delivery of a package of high-impact interventions for mothers, newborns, children and adolescents. This will include strengthening the Reach Every Community approach in immunization, with a particular focus on linking health facilities with communities and reducing dropouts. In collaboration with the World Health Organization (WHO), UNICEF will improve decentralized management of the health system, complemented by a focus on integrated community case management and a referral system from the community to higher-level health facilities. The programme will also advocate for increasing fiscal space to allow deployment of additional health workers, and will continue to support the country's partnership with Gavi, the Vaccine Alliance.

26. UNICEF will support the Government in implementing the Elimination of mother-to-child transmission of HIV Acceleration Plan 2015-2020, in partnership with United Nations agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), as part of health systems strengthening. This will be achieved by strengthening the capacity of health workers to focus on at-risk mothers through monitoring and supervision, along with the provision of ART to HIV-positive pregnant women and infants by improving availability of supplies, stock management and increasing the number of health facilities offering treatment. UNICEF will support strengthening of HIV testing and counselling services for pregnant women and infants who have been exposed to the virus.

27. To strengthen families' awareness and knowledge of healthy and hygienic behaviours and appropriate care-seeking behaviours, UNICEF will strengthen the capacity of

community health workers, community management committees, community volunteers and CSOs to raise awareness of childhood illnesses and malnutrition and promote KFPs. This will include demand for vaccination, pregnancy care and assisted delivery, HIV testing services, exclusive breastfeeding, appropriate complementary feeding, handwashing with soap and the use of latrines. In order to eliminate open defecation in the targeted areas, community-led approaches to total sanitation will be promoted in line with the UNICEF global WASH strategy. Additionally, the promotion of a prioritized set of KFPs that are crucial to the '1,000 days' approach will be rolled out through community management committees to empower communities to engage in a movement around social and behavioural change. The approach will also leverage social support through influential community actors, and empower communities to adopt positive behaviours and address community-level barriers to gender equality.

28. UNICEF will strengthen the quality of care for and efforts to prevent stunting, by updating the National Nutrition Policy and developing a strategy on the prevention of malnutrition. Micronutrient supplementation and deworming campaigns will be supported, including the procurement of supplies and training of health workers.

29. UNICEF will support women's associations to conduct home visits to ensure that severely malnourished under-five children complete treatment and to strengthen the skills of health workers to treat SAM. Technical support will be provided for the development of a pre-service national curriculum for frontline workers on integrated SAM management. UNICEF and development partners will ensure the uninterrupted provision of nutritional products, essential medicines and equipment for SAM management, and will advocate with the Government for gradual increases in budgetary allocations to absorb the cost of these items.

30. In collaboration with the World Food Programme (WFP), the Food and Agriculture Organization and WHO, as co-lead of the nutrition cluster, UNICEF will provide technical and financial support for the coordination of nutrition preparedness and response activities as well as strengthening of human resource capacities and logistics.

31. The programme will provide support for the development of a multi-year national action plan for rural water supply and a national protocol on water quality, and will advocate for a pro-poor pricing strategy in urban areas and a fundraising strategy for the sector. UNICEF will also strengthen the government's technical capacities for efficient resource utilization, evidence-based planning and real-time monitoring, taking into account the differential needs of rural and urban communities.

32. UNICEF will continue to support access to drinking water for the most vulnerable communities, and a community-based self-funded sustainability programme, also covering issues of water safety, will be established. To promote appropriate hygiene practices, UNICEF will support improved WASH facilities in health centres and schools.

Education and adolescent development

33. The *education and adolescent development* programme component aims to ensure more children and adolescents learn through formal and non-formal education, in an environment that fosters their integration into social and economic life, with a particular focus on disadvantaged groups and out-of-school children. This will contribute to a reduction in the number of out-of-school children and dropouts. UNICEF, as sector lead in the Global Partnership for Education, will leverage other partners' contributions in support of the Education Action Plan 2017-2019. A mix of implementation strategies will be used,

including technical support for policy development, piloting of innovative approaches for equitable access, and life skills and citizenship education.

34. To accelerate equitable access to education, UNICEF will support public and community-based ECE. Technical assistance will be provided for the development of a national policy on ECE, covering formal and community-based education. This will be part of an intersectoral package of ECD interventions, including the promotion of health- and hygiene-related KFPs and positive parenting practices on non-violent discipline and prevention of abuse through parenting sessions at preschools and community development centres. UNICEF will support plans by the Government to open at least one preschool class in every rural primary school.

35. At primary level, UNICEF will support the Government to develop a non-formal education curriculum that will enable excluded children to transition to the formal education system. In collaboration with the Office of the United Nations High Commissioner for Refugees, the programme will support education provision in refugee camps through a curriculum adapted for refugee children from Eritrea, Ethiopia, Somalia and Yemen. Girls' access to and retention in lower secondary school will be promoted in communities and schools through facilitated dialogues. To develop adolescents' ability to better protect themselves from trafficking, HIV and other health risks, UNICEF will support a non-formal education programme for adolescents in the areas with high HIV prevalence. Partnerships with CSOs will be developed to support the establishment of adolescent-friendly services in community development centres, NGOs and government institutions.

36. UNICEF will support the development of school-based curricula for life skills and citizenship education. The life skills component will also address general learning skills. Support will also be provided for the establishment of a pool of national trainers on inclusive education for children with special needs and support the implementation of the national strategy for their protection.

37. To strengthen sector management and coordination, UNICEF will support training of school management committees and stakeholders to generate data on the participation of refugees and asylum seekers, nomadic and migrant children and children with special needs in the formal and non-formal education systems. As chair of the education sector group, UNICEF will mobilize all partners to participate in the government's sector review and development of the new education plan.

Child protection and social inclusion

38. The *child protection and social inclusion* programme component aims to ensure that the most vulnerable children and adolescents are protected from violence, exploitation and abuse and have equitable access to child and social protection services, with a focus on disadvantaged regions. Implementation strategies will include behaviour change communication around positive social norms, beliefs and practices; development of a workforce to deliver both social protection and child protection services; modelling of service delivery for a child-friendly justice system; and evidence generation to support child-sensitive social protection programmes.

39. The prevention of and response to cases of child exploitation and abuse will be used as the entry point for child protection systems strengthening. The systems will also address prevention and response mechanisms related to trafficking among boys and girls. UNICEF will provide technical assistance for the development of by-laws for the Child Protection

Code, update of legislation on birth registration, and operationalization of laws and policies to protect children from violence and exploitation.

40. UNICEF will provide technical assistance to the Government to develop a strategy on preventing and responding to violence against children. Similar support will be provided for the development of guidelines and protocols for the identification and referral of vulnerable children, case management and training of social workers on the implementation of child protection and child-sensitive social protection interventions. These efforts will build the capacity of frontline workers in multiple sectors (including health and education) to identify victims and refer them to appropriate services. Linkages to the education sector will include teacher training and positive parenting sessions. UNICEF will model approaches to expand access to a protective child-friendly justice system that is aligned with international standards. In partnership with the International Organization for Migration, a mechanism will be developed to facilitate voluntary repatriation and family reunification of unaccompanied children on the move.

41. To enhance community engagement on the abandonment of FGM/C and elimination of child marriage, UNICEF will support community dialogues, media campaigns and capacity strengthening of community management committees and adolescent groups to promote shifts in social norms and attitudes, along with individual behavioural change. As part of the United Nations Population Fund-UNICEF Joint Programme on Female Genital Mutilation/Cutting, assistance will be provided to the Government and CSOs to accelerate the abandonment of the practice.

42. UNICEF will work with partners, including WFP and the World Bank, to provide technical support to the development of the country's first national social protection strategy, which will include provisions to accompany cash transfers with the promotion of KFPs. In parallel, UNICEF will provide technical assistance for the development of a social service workforce that will deliver child and social protection interventions. Additionally, technical support will be provided to generate evidence on multidimensional poverty among children, to inform social protection programmes and the development of a comprehensive monitoring and evaluation system. UNICEF will build the skills of staff in key government departments to conduct analyses of trends in child-sensitive budget allocations.

Programme effectiveness

43. The *programme effectiveness* component will ensure efficient planning, management, coordination and monitoring of the country programme. It will ensure that cross-sectoral interventions on gender; emergency preparedness and response; accountability to affected populations; social and behaviour change; evidence generation; communication; policy advocacy; and monitoring and evaluation are operationalized. Achieving the programmatic outcomes will require strong coordination among different programme areas, in particular for thematic and geographic convergence around the first 1,000 days approach, integrated ECD and adolescent development.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child survival and development	2 301	8 775	11 076
Education and adolescent development	1 445	5 655	7 100
Child protection and social inclusion	857	3 120	3 977
Programme effectiveness	1 132	1 950	3 082
Total	**5 735**	**19 500**	**25 235**

Programme and risk management

44. The country programme of cooperation is coordinated by the Ministry of Foreign Affairs and International Cooperation. The UNDAF, 2018-2022, to which the country programme contributes, will be governed through inter-agency and governmental structures, reporting to the Government/United Nations UNDAF steering committee and the United Nations country team.

45. UNICEF will prioritize the management of risks related to natural hazards, including increasingly frequent droughts that threaten rural livelihoods and accelerate rural-urban migration. This, in turn, could affect programme results in terms of water scarcity and insecurity, the nutritional status of children and the functioning of already overstretched services. Instability and drought in neighbouring countries may lead to cross-border population movements and put further pressure on social services. UNICEF and partners will continue to closely monitor risks through early warning systems, including for epidemic outbreaks, and make efforts to ensure uninterrupted availability of basic social services and supplies to vulnerable children and their families.

46. UNICEF Djibouti has experienced a gradual decline in donor support, due to the country's lower middle-income status and the diversion of resources to ongoing emergencies. UNICEF will strengthen relationships with traditional donors and will also seek partnerships with non-traditional donors. Additionally, UNICEF will work towards leveraging public finance and funding by international financial institutions in support of hard-to-reach and disadvantaged populations.

47. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

48. The indicators in the results and resources framework and the costed evaluation plan will form the basis for monitoring and evaluating the country programme. Progress against planned results will be monitored through regular field visits, and mid/end-year reviews

that will enable UNICEF and its partners to jointly identify bottlenecks and make programmatic adjustments.

49. UNICEF will contribute to national household surveys, including the Demographic and Health Survey/Multiple Indicator Cluster Survey (DHS/MICS), 2021-2022 and a knowledge, attitudes and practices study (2018), and support secondary analysis to monitor child deprivations. Administrative data systems will be strengthened to generate quality data, including on progress against the country programme results. To ensure emergency preparedness, the office will closely monitor information from the Early Warning Early Action mechanism.

50. To inform decision-making on programme design and strengthen accountability, three evaluations will be conducted, looking at the education programme, the first 1,000 days approach and the integrated promotion of KFPs. UNICEF will continue to be an active member of the monitoring and evaluation group of the United Nations system in Djibouti. Partnerships with the Department of Statistics and Demographic Studies, the University of Djibouti, the Centre for Research and Development and CSOs will strengthen national capacities in monitoring and evaluation.

Annex

Results and resources framework

Djibouti – UNICEF country programme of cooperation, 2018-2022

Convention on the Rights of the Child: Articles 1-41

National priorities: SCAPE (2015-2019), goals 3, 5-8 and 10

UNDAF outcomes involving UNICEF: Strengthening social services and human capital development; Promoting good governance and responsive institutions; Building resilience and promoting equitable regional development.

Outcome indicators measuring change that includes UNICEF contribution
Gross enrolment rate; Existence of a learning assessment system at national level; Life expectancy; Existence of national policies for the protection of vulnerable populations, including migrants, unaccompanied minors and refugees ; Percentage of the population with access to social protection measures.

Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas: [1] 1-5

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome (regular resources (RR); other resources (OR)) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By 2022, newborns, children under-five, adolescents, and pregnant and lactating women, increasingly utilize quality health, nutrition HIV and WASH services and families adopt healthy and hygienic behaviours	Percentage of children <1 year receiving DTP-3 vaccine at national level B (2014): 78% T: >92%	DHS/National Immunization Coverage Survey	1. The health system has improved capacity to provide a package of high-impact health interventions equitably for mothers, children and adolescents. 2. Families and communities in targeted areas have improved knowledge to support the adoption of healthy and hygienic	Ministry of Health, Department of Statistics and Demographic Studies, Ministry of Education, Ministry of Commerce, Ministry of	2 301	8 775	11 076
	Percentage of births delivered in a health facility B (2012): 87% T: 92%	DHS					

[1] The final version will be presented to the UNICEF Executive Board for approval at its second regular session of 2017.

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR); other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
and practices, including during emergencies	Percentage of pregnant women living with HIV who received antiretroviral medicines to reduce the risk of mother-to-child transmission of HIV B (2016): 31% T: 90%	Global AIDS Response Progress Report	behaviours, and to seek appropriate care for children, adolescents, and pregnant and lactating women 3. Nutrition stakeholders have improved capacities to provide quality promotional and preventive interventions to children (0-23 months), adolescent girls, and pregnant and lactating women in rural and peri-urban areas, particularly those affected by food insecurity 4. Health facilities at national, regional and local levels have improved capacities to provide quality treatment to children (6-59 months) affected by SAM, particularly in the areas affected by food insecurity 5. National, regional and local authorities have improved capacities to develop, implement and monitor policies and strategies to ensure sustainable access to WASH for rural and peri-urban populations 6. Basic water services and sanitation facilities are continuously available for children and their families living in areas at risk of food insecurity	Agriculture, Fisheries, Livestock and Water Resources, United Nations agencies, United States Agency for International Development (USAID), European Union, World Bank, Gavi, the Vaccine Alliance, the Global Fund			
	Percentage of girls and boys aged 6-59 months admitted for SAM treatment who recovered Girls B (2016): 95% T: >95% Boys B (2016): 93% T: >95%	SMART/DHS					
	Proportion of the population using basic drinking water services Urban B (2015): 97% T: 98% Rural B (2015): 65% T: 74%	Enquête Djiboutienne auprès des Ménages (EDAM) – Djibouti Living Standards Measurement Survey/Joint Monitoring Programme					
2. By 2022, children and	Gross enrolment ratio in pre-	Ministry of	1. The education system has	Ministry of	1 445	5 655	7 100

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR); other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
adolescents, including those in disadvantaged areas and/or affected by emergencies, are increasingly attending formal and non-formal education in an environment that promotes the acquisition of skills for their integration into social and economic life	primary education B (2016): 7.3% Girls: 7.3% Boys: 7.3% T (2020): 18.4% Girls: 18.2 % Boys: 18.6%	Education	improved capacities to provide children (3-15 years) with equitable access to formal and non-formal education, including those in rural areas, nomads, children with special needs, refugees and children affected by displacement 2. The education system has improved capacity to provide quality learning to children and adolescents 3. The education system at national and school levels has strengthened capacities for coordination and management	Education, Ministry of Women and Families, State Secretariat for Youth and Sports, State Secretariat for Social Affairs, State Secretariat for Combatting HIV/AIDS, Malaria and Tuberculosis, United Nations agencies, World Bank, USAID, Education sector Group			
	Gross enrolment ratio in primary education B (2016): 81.4% Girls: 76.7% Boys: 85.9% T: 91.7% Girls: 86.6% Boys: 89.3%						
	Lower secondary completion rate B (2016): 47.6% Girls: 44.4% Boys: 50.6% T: 60% Girls: 60% Boys: 60%						
	Percentage of children at the end of primary education achieving at least a minimum proficiency level in core subjects B (2009/10): Mathematics: 50% French 40% T: Mathematics: 75% French 75%						

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
					RR	*OR*	*Total*
3. By 2022, the most vulnerable children and adolescents in disadvantaged regions and/or in an emergency situation benefit from strengthened and comprehensive child protection and social protection systems, and families and communities protect children from violence	Prevalence of FGM/C among girls (0-9 years) B (2012): 29.3% T: 21%	DHS	1. The child protection system has improved capacity to prevent and respond to violence against children, including in emergencies 2. Families and parents in targeted areas have improved knowledge and capacities to prevent and protect children from violence and discrimination 3. National stakeholders have strengthened capacities to develop, implement and monitor a national child sensitive social protection strategy that reflects the needs of vulnerable children	Ministry of Women and Families, State Secretariat for Social Affairs, Ministry of Justice and Penitentiary Affairs, Ministry of the Interior, Ministry of Decentralization, Ministry of Muslim Affairs, Culture and Waqfs, United Nations agencies, World Bank, European Union	857	3 120	3 977
	Percentage of children 1-14 years who have experienced violent disciplinary practices by an adult member of the household during the past month B (2012): 38% (2-14 years) T: 25%	DHS					
	Percentage of children in conflict with the law who benefit from alternative measures to detention B (2016): 0 T: 60%	Information System of Ministry of the Interior					
	Number of children covered by social protection systems B (2016): 5 097 T: 69 047 (Girls: 35 007 Boys: 34 040)	State Secretary for Social Affairs annual report					
4. The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children	Percentage of management and programme priority indicators meeting scorecard benchmarks B: 90% T: 100%	Dashboard	1. UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes 2. UNICEF staff and partners are provided guidance, tools and resources to effectively plan and monitor programmes 3. UNICEF staff and partners are	Ministry of Foreign Affairs and International Cooperation	1 132	1 950	3 082
	Percentage of evaluation reports with management response	Insight					

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR); other resources (OR) (in thousands of United States dollars)*		
					RR	*OR*	*Total*
	B (2017): 100% T: 100%		provided tools, guidance and resources for effective advocacy and partnerships on children's rights issues with stakeholders				
Total resources					**5 735**	**19 500**	**25 235**